

**Envoy Medical Systems, LP**  
**1726 Cricket Hollow**  
**Austin, Texas 78758**  
Fax 512/491-5145

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

October 27, 2004

**Re: IRO Case # M2-05-0085**

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. UR review 8/5/04
4. RME report 1/15/04
5. M.D. report 9/16/04
6. Neurosurgeon letter 8/6/04
7. Operative report 10/28/03

### History

The patient is a 41-year-old male who in \_\_\_\_ was moving a 250 pound barrel of salt and developed back pain. After physical therapy failed to relieve the patient's pain, an MRI was performed that showed only questionably significant surgical pathology. A 3/14/02 CT myelogram showed spondylolithesis with probable pars defects at L5-S1 and probable bilateral foraminal stenosis. An L5-S1 decompression and fusion was performed on 6/4/02. Back and lower extremity pain continued, and this led to a 10/29/03 re-exploration and removal of the posterior instruments placed at the time of surgery. The patient's pain continues with back and bilateral lower extremity discomfort. He has had facet blocks, medications and physical therapy, but his pain continues. The patient has seen a pain specialist, and spinal cord stimulation was suggested. It was noted that the patient was anxious and depressed.

### Requested Service(s)

Lumbar Discogram with CT scan at L3 -5

### Decision

I agree with the carrier's decision to deny the requested discogram with ct scan.

### Rationale

With a patient who has had multiple back operations there is a greater chance of reaching conclusions about future therapy with studies other than discography. CT myelographic evaluation with flexion and extension views would be one possibility to determine if there is instability at the 4-5 level above the fusion. Depending on discography as a means of determining future therapy in a patient who has had multiple back operations and is anxious and depressed is not a prudent choice of diagnostic tests.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

## **YOUR RIGHT TO REQUEST A HEARING**

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision,** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions,** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin.

Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
P.O. Box 17787  
Austin, Texas 78744  
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Sincerely,

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In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 28<sup>th</sup> day of October 2004.

Signature of IRO Representative:

Printed Name of IRO Representative: